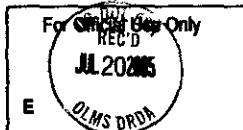


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3745</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Kevin S Wallace P.O. Box, Bldg., Room No., if any Suite 108 Street 435 Clark Road City Jacksonville State Florida ZIP Code + 4 32218	4. Name, file number, and address of labor organization. Name IRON WORKERS AFL-CIO Labor Organization File Number 000-052 P.O. Box, Building and Room Number, if any Street 1750 New York Avenue, N.W. City Washington State District of Columbia ZIP Code + 4 20006
5. Position in labor organization. General organizer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Kevin S. Wallace</u>	On <u>7/15/05</u>	904-713-0680
	Date	Telephone Number

Name of Person Filing Kevin Wallace	File Number U- 3745
--	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name IMPACT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1750 NEW YORK AVE., NW, NW LOBBY City WASHINGTON State District of Columbia ZIP Code + 4 20006	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. RECEIVES CONTRIBUTIONS FROM EMPLOYERS WHO HAVE COLLECTIVE BARGAINING CONTRACTS WITH LOCAL UNIONS-\$4,519,541. IMPACT LEASES OFFICE SPACE & EMPLOYEES FROM IRON WORKERS-\$1,057,284. <hr/> 11.b. Approximate dollar value of such dealing. \$5,576,825 12.a. Nature of interest held or income received. 6/16/04-NEW ORLEANS REGIONAL ADVISORY BOARD-FOOD AND DRINKS <hr/> 12.b. Amount. \$123

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.